PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

1389-3

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			10				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			10 minus 20=		* Ø			X\$ 9=	0	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		* 0			X42=	0	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=	Ð	OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in column 2		L	TOTAL	375	OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL ENTITY			OTHER THAN SMALL ENTITY	
(Column 1)				(Column 2 HIGHEST		(Column 3)		SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	inus *** TPLE DEPENDEN		=		X42=		OR	X84=	
	FIRST PRESE	INTATION OF W	ULTIPLE DEI	PENDEN	CLAIIVI			+140=		OR	+280=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)		, [-		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AIR4	=		X42=		OR	X84=	
	TINO I PHESE	INTATION OF M	OLITPLE DEI	- CINDEN	CLAIN		'	+140=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)	·		mn 2)	(Column 3)		DDIT. FEE !		-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CLAIR	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				I CLAIM		!	+140=		OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Nur	mber Previously Pa	aid For" (Total o	or Independ	dent) is the	e highest numbe	er four	nd in the ap	propriate bo	x in co	lumn 1.	